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22204 7590 09/19/2007 NIXON PEABODY, LLP 401 9TH STREET, NW SUITE 900							
WASHINGTON	N, DC 20004-2128		-			(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DAT	Е	FIRST NAMED INVENTOR	ATTO:	RNEY DOCKET NO.	CONFIRMATION NO.	
10/721,251 11/26/2003 ITLE OF INVENTION: MANUFACTURING METHOD OF SEMICON		Shinji Maekawa		740756-2671	6128		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(\$) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/19/2007	
EXAM	IÍNER	ART UNIT	CLASS-SUBCLASS				
KUNEMUND	, ROBERT M	1722	117-005000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				
"Fee Address" ind	ication (or "Fee Addres 2 or more recent) attac		registered attorney or a	of a single firm (having as a member a orney or agent) and the names of up to patent attorneys or agents. If no name is no will be printed.			
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGN Semicondu	icss an assignce is iden h in 37 CFR 3.11. Con GNEE .ctor Energ		(B) RESIDENCE: (CITY	utent. If an assignee is id assignment. and STATE OR COUNT: Kanagawa-l	RY) ken, Japan	ocument has been filed for	
	are submitted: small entity discount of Copies5	permitted)	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).				
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Authorized Signature	Weffrey I.	MO' Costellia	Reg.# 35,483	Date <u>Decembe</u>		7	
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